

CUSA JUNIORS SOCCER PROGRAM WAIVER FORM

@Hazen's Sports Facility

Participant Information

Participant's Name: _____ Parent(s)/Guardian(s) Name: _____

Home Phone _____ Cell Phone: _____

Emergency Contact Name & Phone _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing soccer in the JUNIORS Soccer Skills Training Program. I insure that my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within 1 year prior to attending.

I give permission for program coaches to tend to minor injuries and will be present if emergency care of any type is needed due to illness or injury. By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS.

I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding.

Parent/Guardian Signature

Date